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ABSTRACT

The concept of clinical supervision has for several years incorporated ideas about supervisory techniques that have recently received growing support from research on the implementation of innovations by teachers. Among these ideas are that supervision should be focused on teacher behaviors, that analysis of patterns of teacher behavior can help teachers understand their own practices, and that the supervisor-teacher relationship should be collegial and aimed at enhancing teacher autonomy. Different versions of clinical supervision recommend variations on a cycle of supervision that in all cases contains several key stages: the preobservation conference, observation of instruction, analysis of the observation, planning of the conference sequence, the conference, and postconference analysis and planning. A study of the interactions of 35 supervisor-supervisee pairs before and after the supervisors received training in the clinical supervision techniques revealed that training could make significant positive differences in the effectiveness of supervisory efforts. The study results and methodology are reviewed briefly in this document following a broader discussion of clinical supervision generally. (PGD)

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CURRICULUM IMPLEMENTATION, CLASSROOM CHANGE AND PROFESSIONAL DEVELOPMENT: THE CHALLENGE FOR SUPERVISION

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Curriculum Implementation, Classroom Change and Professional Development: The Challenge for Supervision

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Richard Butt has flung down the gauntlet and challenged the field of supervision to respond. He has further clearly enunciated several conditions that need to be met in order to bridge the gaps and evolve a relationship between insiders and outsiders that will better facilitate change.

Upon first reading a rough draft of his working paper I found myself noting "yes" in the margin of his paper opposite each of the suggestions he put forward. Indeed, it may come as a surprise to some, who work primarily in the area of curriculum development and innovation, that there are many, whose primary interest resides in the area of instructional supervision, who are advocating similar thrusts in the area of supervision.

It is unfortunate that, historically, supervision as performed in classrooms, has included a vast array of orientations and practices usually generated in response to societal pressures rather than growing out of sound theories of supervision. This has resulted in a state of confusion about what good instructional supervision entails, both in theory and practice. Even worse, traditional supervisory practice has created suspicion between supervisors and teachers and has resulted in a general attitude in the profession that, at its worst, it fails to improve conditions for learning, is stressful for both teachers and supervisors, and harms rather than helps the supervisor-teacher relationship; at

its best it might be generally conceded that it does no harm.

Recently, however, new approaches to instructional supervision have emerged which rest on the conviction that instruction can only be improved by direct feedback to teachers on aspects of teaching that are of concern to the teacher and that arise out of a systematic study and analysis of the entire teaching-learning situation. One of the best known approaches is the clinical supervision model conceived at Harvard University more than twenty years ago. It has taken some time for the idea to catch on with practitioners. Recently, however, the clinical supervision literature has become more prevalent and it is presently receiving increasing attention as a model wich holds tremendous potential for improving classroom instruction. Furthermore, it is a model which grows out of a belief system which is in congruence with the concerns enunciated by Richard Butt earlier.

Clinical supervision is based on several assumptions. One is that teaching is behavior and that the behavior includes the actions of both teachers and pupils. These actions are observable both singly and in interaction. A further assumption is that teaching, as a complex interaction of teacher behavior, learner behavior and content variables, is patterned, and these patterns can be discerned and analyzed in ways which can bring new insights to teachers about the complexities of their own classroom realities. Instructional improvement can then be achieved by understanding and controlling [i.e. changing or modifying] certain behaviors.

Clinical supervision also holds with a belief that the supervisor-suprvisee relationship can be based on collegiality. The supervisor works to establish a relationship with the teacher which is built on trust and mutual respect rather than on some pre-conceived superordinate-subordinate status relationship. The thrust is one of increasing the teacher's own autonomy and freedom to act self-sufficiently in the classroom. At the same time the supervisor has the responsibility of helping the teacher to expand his/her understanding of suitable alternatives to current practices. This carries with it the burden of having the knowledge and expertise in data collection and conferencing skills to present objective data and pose probing questions in ways which are helpful and freeing to the teacher rather than hurtful and coercive or binding. Cogan (1973), in describing the relationship between teacher and clinical supervisor, writes:

> This relationship between teacher and clinical supervisor is maintained in force as long as they can work together productively as colleagues. It deteriorates significantly or ceases to exist when either assumes an ascendant role or is accorded an ascendant role by the other. This delicate balance in working together as equals does not imply that teacher and supervisor have similar and equal professional competences. On the contrary, they commonly have dissimilar and unequal competences. This heterogeneity is nurtured in their association and constitutes one of its principal strengths. In clinical supervision the interaction of similar competences at equal levels is generally less productive than the interaction of unequal levels of competence and dissimilar competences. Such productive heterogeneity may be observed when the clinical supervisor, highly competent in observation, works with a teacher who is more competent in knowledge of the curriculum, his students, their learning characteristics and transient and persistent problems, and the school subsocieties to which they belong (p.68).

Cogan (1973) described clinical supervision as an eight-step process which he referred to as the "cycle of supervision".

Phase 1. Establishing the teacher-supervisor relationship
Phase 2. Planning with the teacher
Phase 3. Planning the strategy of observation
Phase 4. Observing the instruction
Phase 5. Analyzing the teaching-learning process
Phase 6. Planning the strategy of the conference
Phase 7. The conference
Phase 8. Renewed planning

Goldhammer (1969) described a less complex model consisting of five stages which he called the "sequence of supervision". A collection of such sequences he called the "cycle of supervision".

Stage 1. Preobservation conference
Stage 2. Observation
Stage 3. Analysis and strategy
Stage 4. Supervision conference
Stage 5. Post-conference analysis

Other writers describe the process in slightly different ways, but essentially all who work with clinical supervision agree that, to be effective, there must be a nurturance of the open, trusting, collegial relationship between supervisor and teacher. Also essential is the pre-conference stage in which supervisor and teacher discuss the focus of the observation which is to follow and agree upon data collection techniques to be used.

It is also important in clinical supervision that objective data be collected during observation of the lesson rather than the typical value judgments that traditionally serve as data for post-observation conferences. Objective data collection requires

observation and data collection skills which require considerable training and it is a fallacy to assume that any supervisor can automatically do an effective job in this area.

Following observation the supervisor must take the time to analyze the data collected to see what patterns appear to be evident in the classroom interaction. Since the observation focussed on only one or two concerns agreed upon by both teacher and supervisor, the patterns being considered would relate to only these areas. This is a distinct feature of clinical supervision which differs from less systematic approaches in that an attempt is made to collect good data in a rather limited domain rather than attempting to gather data in many areas at once and consequently obtaining sparse information in any one area of classroom interaction.

The foregoing analysis is required in order that the supervisor can make sense out of what has been observed, and is absolutely essential to planning the way in which the post-observation conference will be approached. Data displays may have to be prepared to enable the teacher to see the patterns that emerge. Also, the supervisor may decide not to delve into certain aspects of the data if it is thought that the teacher may not be prepared emotionally and intellectually to deal effectively with that particular aspect of his/her performance at that point in time.

The supervisory conference itself should focus on the presentation of the objective data collected in accordance with

the pre-observation agreements arrived at mutually. The emphasis here should be on the supervisor showing the teacher the objective data displays and aking the teacher to interpret the data in relation to the concerns the teacher espoused earlier in the pre-observation conference. It is important that the supervisor refrain from providing unsolicited opinion about the data until the teacher has had an opportunity to formulate his/her own opinion about the appropriateness, or lack thereof, of the particular teacher behavior or circumstance which is being examined.

The post-conference analysis should look at how helpful the conference was in providing the teacher with the kinds of data desired by the teacher in order to effect the kinds of changes in the classroom which would result in the desired outcomes. Usually this leads automatically into the pre-conference for the next classroom observation on the part of the supervisor.

I trust that the foregoing commentary on clinical supervision as a model for assisting teachers come to grips with their own classroom realities has addressed the concerns raised by Richard Butt in his paper. I believe the model is admirably suited to the dialectic and problematic approaches to inquiry that Butt referred to earlier, and that it provides the means of bridging the gap between theory and practice and between insiders and outsiders. I agree with Richard Butt that what we need today in education is an effective synergy of all our subfields using school-based approaches involving collegial relationships among those inside

and outside the classroom. Supervision efforts are increasingly focussing on the school as the "functional organizational unit" and even further, on the classroom and the teacher in recognition of the fact that it is what the teacher does in the classroom that, after all, determines the real curriculum of the class. It should be mentioned that the model allows for and even encourages peer supervision, provided of course that the peer who is providing the assistance has the requisite skills to do the job properly. The major impediment to achieving the goal of having teachers work with their own colleagues in this way is the reluctance of districts to provide the free time for teachers to visit each other's classrooms. The other impediment is, of course, the lack of training of classroom teachers in the skills required for instructional supervision and a general lack of knowledge of recent effective teaching research which is necessary to perform the task.

With respect to the last point, we at the University of Lethbridge, have been working with teachers and administrators involved in our student teaching program for the last ten years, introducing them to clinical supervision and training them in the skills necessary to perform the cycle of supervision effectively. As an outgrowth of this training program, and to measure its effectiveness, my colleagues and myself carried out a series of studies the results of which we would like to briefly report to you today. My study examined the changes that occurred in supervisory behavior resulting from a semester long training program. Jim Twa examined Teacher Associate perceptions of the

effectiveness of the clinical supervision workshop, and Ritchie Whitehead examined practicum students' perceptions of Teacher Associates' supervisory behaviors.

My study looked at thirty-five supervisor-supervisee dyads. Supervisors were, for the most part, classroom teachers who were working with student teachers from The University of Lethbridge. Three of the supervisors were school principals who were taking the workshop either because they had a student assigned to them or because they wanted to improve their supervision skills for working with their teachers. Where a supervisor did not have a student teacher to supervise he was supervising a teacher on staff who agreed to participate.

Very briefly, the methodology involved the examination of pre-training and post-training videotapes of supervisory conferences, prepared by the participants, using the Supervisor-Teacher Analogous Categories System (STACS) which I had developed in 1976 for analysis of supervisory conferences (see the Appendix for description of this instrument). Using a Timed Interval Categorical Observation Recorder (TICOR) developed by Rex Wadham at Brigham Young University, it was possible to record duration of time (to one-tenth of a second) of each category of behavior and feed this directly to a computer for analysis. This technology also permits the recording of simultaneous behavior on the part of supervisor and teacher, if it occurs (e.g. provision of solicited information by the supervisor and simultaneous acceptance by the teacher indicated by nodding of the head.)

After the thirty-five baseline and final videotapes for each supervisor were coded, data from all thirty-five supervisors and teachers were then pooled to yield a total duration time on each category of behavior. These time durations were then subjected to analysis of variance and the baseline and final results compared (see Table 1).

Table 1

Changes in Supervisor Behavior
Following Training in Clinical Supervision

STACS Category	Mean Duration Initial Conference (Seconds)	Mean Duration Final Conference (Seconds)	Analysis of Variance F-Ratio	P
Supportive Behavior	3.14	2.79	0.099	0.754
Accepts/Uses Other's Ideas	3.65	11.92	14.558	0.000
Solicits Information	4.26	2.72	1.232	0.271
Solicits Opinion or Suggestions	9.16	19.01	7.785	0.007
Provides Solicited Information	0.26	142.99	47.535	0.000
Provides Solicited Opinion/Suggestions	0.84	3.12	2.150	0.147
Provides Unsolicited Information	48.44	18.03	21.089	0.000
Provides Unsolicited Opinion/Suggestions	85.45	26.42	24.189	0.000
Non-Supportive Behavior	4.47	0.00	9.119	0.004

Results indicated changes in post-training behavior of supervisors, significant beyond the .05 level, in six out of nine categories identified by the STACS instrument. The changes were all in the direction anticipated and were congruent with the thrust of clinical supervision. There were also interesting

changes in teacher behavior which accompanied the changes in supervisor behavior (see Table 2).

Table 2

Changes in Teacher Behavior
Comparison of Initial and Final Conferences

STACS Category	Mean Duration Initial Conference (Seconds)	Mean Duration Final Conference (Seconds)	Analysis of Variance F-Ratio	P
Supportive Behavior	1.37	2.93	1.194	0.278
Accepts/Uses Other's Ideas	2.45	5.69	7.748	0.007
Solicits Information	0.25	4.30	5.214	0.026
Solicits Opinion or Suggestions	0.92	1.97	0.818	0.369
Provides Solicited Information	15.67	12.74	0.214	0.645
Provides Solicited Opinion/Suggestions	33.21	95.37	17.127	0.000
Provides Unsolicited Information	23.55	25.20	0.051	0.821
Provides Unsolicited Opinion/Suggestions	22.42	64.67	11.015	0.002
Non-Supportive Behavior	0.77	0.00	3.093	0.083

Four of the nine categories showed changes that were statistically significant. Teachers accepted and used ideas presented by supervisors more than in the pre-training conferences. There was a much greater tendency on the part of teachers to solicit information from supervisors rather than being passive recipients of information and opinion presented by supervisors. Teachers also provided much more solicited opinion in response to questions posed by supervisors.

Time prevents further elaboration of details related to this study. Should anyone be interested in further information I would be pleased to provide it upon request. Suffice it to say that this study demonstrates that it is possible to train teachers to be effective instructional supervisors using the clinical supervision model. Ritchie Whitehead and Jim Twa will discuss teacher perceptions of the value of the training and student perceptions of the differences noted in supervisory style and how they responded to these differences.

References:

Cogan, M.L. (1973). Clinical Supervision. Boston: Houghton-Mifflin Company.

Goldhammer, R. (1969). Clinical Supervision: Special Methods for the Supervision of Teachers. New York: Holt, Rinehart, and Winston, Inc.

Appendix

Supervisor-Teacher Analogous Categories System (STACS)

Behavior Category Supervisor/Teacher	Description of Behavior
1/11	Supportive Behavior. All behavior which tends to open up and build a warm, collegial climate between supervisor and teacher. Behavior that releases tension is in this category. Praise and encouragement is included here, as is behavior which conveys a recognition and acceptance of the feelings of the other person.
2/12	Accepts or uses the other's ideas. All behavior which clarifies, builds on or develops ideas or suggestions of the other. Teacher behavior which shows acceptance of supervisor talk, and vice versa, is included. Paraphrasing of the other's talk is also included.
3/13	Solicits information. Behavior that seeks clarification about a procedure or situation relative to content or physical setting. Questions which seek clarification of what the other is asking would also be included. Information sought is factual in nature, known to the one but not the other. It is not concerned with opinion or value judgments.
4/14	Solicits opinion or suggestions. Behavior whichis intended to have the other person analyze or evaluate something that has occurred or may occur. It includes supervisor behavior which asks the teacher to think about alternative strategies or methods without necessarily implying criticism of what was done or is being planned. The intention here should be to open up new vistas and stimulate creativity on the part of the teacher. This category would also include genuine attempts on the part of the teacher to seek suggestions or opinions, provided that this is not done merely to comply in a dependent manner to win approval of the supervisor. (Compliant behavior on the part of the teacher is coded as defensive behavior under Category 19, as is rationalization).

5/15 Provides solicited information. This behavior is the opposite of Category 3/13, in that information is provided rather than solicited. It can be given either as a result of prior agreement to gather the information or as a response to a direct request for the information by the other person. Information given is factual and objective. Behavior description is used. The information is intended as feedback or is provided for orientation or for summary. Value judgments should not be included here.

6/16 Provides solicited opinion or suggestions. As in Category 5/15, opinions or suggestions are provided as a result of a direct request on the part of the other person. This is primarily task-oriented rather than process-oriented behavior. Value judgments would be included here. Restricted teacher response to a supervisor question, or vice versa, would be coded in this category as a 16 or 6 depending on who was giving the opinion.

7/17 Provides unsolicited information. The difference between this category and Category 5/15 is that the information is provided as the result of a unilateral decision to do so on the part of the person providing the information. Typically there would be no evidence of a request for the information on the part of the other person either in a pre-observation conference or earlier in the post-observation conference.

8/18 Provides unsolicited opinion or suggestions. This is the opposite of Category 6/16 in that the opinions or suggestions have not been solicited. Supervisor opinion or suggestion when volunteered should be coded here (8) as should unrestricted teacher comment (18) whether initiated by the teacher or in response to an open-ended supervisor question. Value judgments will be included here, as was the case in Category 6/16.

9/19 Non-supportive behavior. This is the opposite of Category 1/11. It includes all behavior which tends to "cool" or formalize the climate between supervisor and teacher. Negative value judgments are included here as are questions which imply crass criticism of what was done or said by the other. Any behavior which tends to create undue tension is included (e.g. exercising authority, brashly rejecting or criticizing the other's judgment or opinion, or any form of aggressive or defensive reaction to the other person). Teacher behavior which demonstrates compliance or rationalization is defined as defensive behavior (19). Supervisor behavior which shows tactless non-acceptance of the teacher's ideas and/or behavior which tends to push the supervisor's ideas without heeding teacher concerns would be coded as a 9.

10 Silence or confusion. This category is used for pauses, periods of silence, or when both supervisor and teacher are talking at the same time so that it is impossible to categorize the behavior. If silence seems to be the result of behavior which tends to produce tension or defensiveness, then Category 9 or 19 should be used, depending at whom the original behavior was directed.

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